

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42624

State File No. \_\_\_\_\_

Registration District No. 025

Primary Registration District No. 3031

Registrar's No. 161

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Maryville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St Francis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution one day (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

8. (a) PRINT FULL NAME Helen Deloss Combs

3. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife If alive ✓ years

7. Birth date of deceased 12 10 1941  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Maryville, Nodaway Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Michael Vance Combs  
18. Birthplace Darlington Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Welda Fern Grimley Combs  
15. Birthplace Stamberg Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Michael Vance Combs

(b) Address Stamberg Mo.

17. (a) Burial (b) Date thereof 12 13 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highridge, Stamberg

18. (a) Signature of funeral director Frank Johnson

(b) Address Stamberg Mo.

19. (a) 12-13-41 (b) Marion E. Clardy  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway  
(c) City or town Maryville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11  
year 1941 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from Dec 10  
\_\_\_\_\_, 1941, to Dec 11, 1941  
that I last saw him alive on Dec 11, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Original Heart Disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy H. P. A.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. E. Simpson (M. D.)  
Address Stamberg Mo. Date signed 12-13-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*J. Evan Johnson*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *J. Evan Johnson*.....

Licensed Embalmer No. *3492*.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**